unconsciousness of two minutes duration. Once had a typical epileptic seizure. Operation November 18, 1890. A depression extended from a point 6.5 cm. above the left mastoid process 5.5 cm. upward. It varied in width from 5 cm. at its lower part to 3 cm. at its upper portion, and no bone could be felt. Pulsations isochronous with the heart were present. Two incisions through the soft parts were made. The piamater was œdematous; the cerebral substance was apparently sound. A few incisions were made into the latter. Healing per primam. In three days following the operation he had seven attacks of typical epilepsy, but later was free from both typical epilepsy and petit mal. He had one fit in August and one in September.—*Centralblat für Nervenheilk.*, September, 1892.

SAMUEL LLOYD (New York.)

III. The Treatment of Cicatrical Stenoses of the Œsophagus. By DR. WILLY MEYER (New York). The author after detailing two cases, and discussing at length the various phases of the subject, submits the following conclusions:

1. After swallowing acids, etc., sounding should be begun as soon as it can be made out that the internal wounds have healed, certainly not later than two to four weeks after the accident. This prophylactic treatment has to be continued at regular intervals for a long period—if necessary, for life. Gastrostomy can be primarily performed for this purpose (Maydl, von Hacker).

2. If a stricture of the œsophagus has developed and is impermeable from the mouth, the patient should be submitted to an operation as early as possible. No forcible dilatation or boring with the sound should be permitted. If the latter is done, the formation of a false passage is favored. The œsophagus has thus often been perforated.

3. External œsophagotomy for the establishment of a temporary fistula in the neck (œsophagostomy) will be found useful and sufficient in many of these cases, especially in children. The stricture can be generally passed quite easily from this opening. A tube can be left *in situ* without the annoyances which are caused by passing it through the nose and pharynx. This operation is always indicated if, besides an impermeable stricture in the lower portion of the œsophagus or

behind the bifurcation of the trachea, a second (or third) one is present at a level with, or not far below, the cricoid cartilage.

4. In grown patients and those who are emaciated and require immediate forcible nutrition, primary gastrostomy, with subsequent retrograde sounding, may be preferable.

5. If the stricture has been successfully stretched, and if the same sound which passed from the wound in the neck can also be pushed down through the mouth, the fistula has to be closed. If gastrostomy had been performed, this second operation generally requires laparotomy and separate suture of stomach and abdominal wound.

6. In a number of cases there is a limit to stretching and divulsion, or the repeatedly widened stricture rapidly recontracts. Then internal œsophagotomy is indicated as the only means to cure the patient.

7. Internal œsophagotomy, if performed under these circumstances, is a very dangerous operation, especially on account of our present lack of means to render the operating field free of infectious material.

8. A thorough disinfection of the intra-thoracic portion of the œsophagus seems feasible by first adding gastrostomy to external œsophagotomy, and *vice versa*. Then the operating field and the stomach can be cleansed by antiseptic irrigation before and after the operation. Through temporary antiseptic tamponade of the cardiac portion of the œsophagus and of that between the fistula in the neck and pharynx we may hope to guard against contamination of the wound.

9. From a wound in the neck internal œsophagotomy can be carried out in the same way and with the same instruments as used for dividing strictures of the anterior urethra from within. The division should be made in a retrograde way only, the knife having been first passed beyond the stricture. A guide pushed up from the gastric fistula will help to accomplish this, even in obstinate cases. It may become necessary, especially in adults, to have an instrument of a special length, and sometimes also curve, constructed for this purpose. —*N. Y. Med. Jour.*, Nov. 19, 1892.